CHAPTER 13 PLAN
UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF MISSISSIPPI

CASE NO. ____

Debtor   **Tawanna Byther**   SS#   **xxx-xx-8100**   Median Income   ☐ Above   ☑ Below
Joint Debtor   SS#
Address   **4083 John I. Hay Rd Hazlehurst**, **MS 39083-0000**

THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed. The treatment of ALL secured / priority debts must be provided for in this plan.

PAYMENT AND LENGTH OF PLAN
The plan period shall be for a period of __**60**__ months, not to be less than 36 months for below median income debtor(s), or less than 60 months for above median income debtor(s).

(A)   Debtor shall pay $__**1,909.00**__ per **monthly** to the Chapter 13 Trustee. Unless otherwise ordered by the Court, an Order directing payment shall be issued to Debtor's employer at the following address:
       Debtor

(B)   Joint Debtor shall pay $____ per **(monthly / semi-monthly / weekly / bi-weekly)** to the Chapter 13 Trustee. Unless otherwise ordered by the Court, an Order directing payment shall be issued to Debtor's employer at the following address:

PRIORITY CREDITORS.
Filed claims that are not disallowed to be paid in full or as ordered by the Court as follows:

Internal Revenue Service:	$ **0.00**	@ **0.00**	/month
Mississippi Dept. of Revenue:	$ **0.00**	@ **0.00**	/month
Other/ _____	$ **0.00**	@ **0.00**	/month

DOMESTIC SUPPORT OBLIGATION DUE TO: _____
-NONE-

POST PETITION OBLIGATION: in the amount of $ per month beginning .
To be paid _____ direct, _____ through payroll deduction, or _____ through the plan.
-NONE-

PRE-PETITION ARREARAGE: In the total amount of $ through shall be paid the amount of $ per month beginning
To be paid _____ Direct _____ through payroll deduction _____ through the plan.

HOME MORTGAGES. All claims secured by real property which are to be paid through the plan shall be scheduled below. Absent an objection by a party in interest, the plan will be amended consistent with the proof of claim filed herein, subject to the start date for the continuing monthly mortgage payment proposed herein.

MTG PMTS TO:	**Copiah Bank, N.A.**	BEGINNING	**2/2017**	@$	**963.00**	☐PLAN ☑DIRECT
MTG PMTS TO:	**John Carpenter-stay lifted in prior case**	BEGINNING	**2/2017**	@$	**1,333.00**	☐PLAN ☑DIRECT
MTG PMTS TO:	**Seterus**	BEGINNING	**3/2017**	@$	**1,283.00**	☑PLAN ☐DIRECT
MTG ARREARS TO:	_____	THROUGH	_____	$ _____	@$ _____	/MO*

(*Including interest at __**0.00**__ %)

MTG ARREARS TO:	**Seterus**	THROUGH	**2/2017**	$ **15,000.00**	@$ **250.00**	/MO*

(*Including interest

Debtor's Initials __**TB**__   Joint Debtor's Initials____

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at __**0.00**__ %)

MORTGAGE CLAIMS TO BE PAID IN FULL OVER PLAN TERM:

Creditor: __**-NONE-**_____ Approx. amt. due: _____ Int. Rate: _____

Property Address: _____ Are related taxes and/or insurance escrowed   Yes   No

NON-MORTGAGE SECURED CLAIMS.
Creditors that have filed claims that are not disallowed are to retain lien(s) under 11 U.S.C. 1325(a)(5)(B)(i)(I) until the payment of the debt determined as under non-bankruptcy law or discharge. Such creditors shall be paid as secured claimants the sum set out below or pursuant to other order of the Court. The portion of the claim not paid as secured shall be treated as a general unsecured claim.

CREDITOR'S NAME	COLLATERAL	910* CLM	APPROX. AMT. OWED	VALUE	INT. RATE	PAY VALUE OR AMT. OWED
-NONE-					%	

*The column for "910 CLM" applies to both motor vehicles and "any other thing of value" as used in the "hanging paragraph" of 11 U.S.C. § 1325

SPECIAL CLAIMANTS
including, but not limited to, co-signed debts, abandonment of collateral, direct payments by Debtor, etc. For all abandoned collateral Debtor will pay $0.00 on the secured portion of the debt. Where the proposal is for payment, creditor must file a proof of claim to receive proposed payment.

CREDITOR'S NAME	COLLATERAL	APPROX. AMT. OWED	PROPOSED TREATMENT
-NONE-			

STUDENT LOANS
which are not subject to discharge pursuant to 11 U.S.C. §§ 523(a)(8) and 1328(c) are as follows (such debts shall not be included in the general unsecured total):

CREDITOR'S NAME	APPROX. AMT. OWED	CONTRACTUAL MO. PMT.	PROPOSED TREATMENT
Educational Credit	**11,879.01**		**treat as unsecured, not attempting to discharge - pay zero through plan**

SPECIAL PROVISIONS
for all payments to be paid through the plan, including, but not limited to, adequate protection payments: _____

Hope Federal Credit Un: Debtor will pay claim directly at 1,800.00 per month.

Members Exchange: Debtor will pay claim directly at 700.00 per month.

GENERAL UNSECURED DEBTS totaling approximately $__**4,909.38**__. Such claims must be timely filed and not disallowed to receive payment as follows: __**X**__ IN FULL (100%) or ____% (percent) MINIMUM, or a total distribution of $____, with the Trustee to determine the percentage distribution. **Those general unsecured claims not timely filed shall be paid nothing, absent order of the Court.**

Total Attorney Fees Charged $ __**3,400.00**__

Attorney Fees Previously Paid $ __**200.00**__

Attorney fees to be paid in plan $ __**3,200.00**__

The payment of administrative costs and aforementioned attorney fees are to be paid pursuant to Court order and/or local rules.

Automobile Insurance Co/Agent _____

Attorney for Debtor (Name/Address/Phone # / Email)
Richard R. Grindstaff
P.O. Box 720517
Byram, MS 39272-0517

Telephone/Fax _____

Telephone/Fax **(601) 346-6443**

Facismile No. **(601) 346-6448**

E-mail Address **grindstaf@yahoo.com**

DATE: **January 9, 2017**

DEBTOR'S SIGNATURE   **/s/ Tawanna Byther**

JOINT DEBTOR'S SIGNATURE

ATTORNEY'S SIGNATURE   **/s/ Richard R. Grindstaff**